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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1699208	2. Exact name of the Corporation Big John Hewitt Foundation
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Fund Raiser to help family and make donations to other charities in John Hewitt's name.
4. NAICS Code 624190	

6. Principal Office Address 16 Apple Tree Lane	City Johnston	State RI	Zip 02919
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bruno Di Biasio		Vice-President Name Kayli Brianna Chénault	
Street Address 16 Apple Tree Lane		Street Address 141 High St	
City Johnston	State RI	City Westerly	State RI
Zip 02919		Zip 02891	
Secretary Name Jeff Wheeler		Treasurer Name Stephanie Johnson	
Street Address 13 Kern Ace Drive		Street Address 16 Apple Tree Lane	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Bruno Di Biasio		Director Name Kayli Brianna Chénault	
Street Address 16 Apple Tree Lane		Street Address 141 High St.	
City Johnston	State RI	City Westerly	State RI
Zip 02919		Zip 02891	
Director Name Jeff Wheeler		Director Name Stephanie Johnson	
Street Address 13 Kern Ace Drive		Street Address 16 Apple Tree Lane	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative Bruno Di Biasio	Date 4/15/2024
Signature of Officer/Authorized Representative <i>Bruno Di Biasio</i>	

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

11:29 **APR 18 2024**
BY ML F7DVR